



PATENT
Attorney Docket No.: A-68392-2/RMS/DCF [469249-92]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

DICKINSON *et al.*

Serial No.: 09/651,181

Filing Date: August 30, 2000

For: METHODS FOR IMPROVING
SIGNAL DETECTION FROM AN
ARRAY

Examiner: A. CHAKRABARTI

Group Art Unit: 1634

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed
enclosures, is being deposited with the United States Postal
Service as First Class Mail in an envelope addressed to:
Commissioner for Patents, Washington, D.C. 20231

on: February 7, 2003

Signed: Mari Kleindamm
Mari Kleindamm

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
Washington, D. C. 20231

Sir:

Applicants hereby petition for an extension of time, and encloses the fee of:

Three (3) Months \$465.00 **SMALL ENTITY**

in order to respond to the Office Action mailed on August 7, 2002.

The requisite fee pursuant to 37 C.F.R. §1.17 is enclosed by check in the amount of \$465.00.

Please charge any deficiencies or credit any overpayments of the enclosed fees to Deposit
Account No. 50-2319 (Order No. A-68392-2/RMS/DCF [469249-92]).

Respectfully submitted,

DORSEY & WHITNEY LLP

David C. Foster

David C. Foster, Reg. No. 44,685

Patent Agent for

Robin M. Silva, Reg. No. 38,304

Submitted under 37 C.F.R. 1.34(a)

02/12/2003 CCHAU1 00000175 09651181

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail addressed to the Commissioner for Patents, Washington, D.C. 20231 on February 7, 2003.For: **METHODS FOR IMPROVING SIGNAL
DETECTION FROM AN ARRAY**Signed Mari Kleineidam
Mari KleineidamCommissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Response to Office Action in the above-referenced application.

The fee has been calculated as shown below.

	(Col. 1) Claims	(Col. 2) Remaining After Amendment	(Col. 3) Highest Previously Paid for	(Col. 4) Present Extra	SMALL ENTITY RATE	FEE	OTHER THAN SMALL ENTITY RATE	FEE
TOTAL CLAIMS	30	—	51	0	x 9 =	\$0	x 18 =	\$0
INDEP. CLAIMS	3	—	12	0	x 42 =	\$0	x 84 =	\$0
[] Multiple Dependent Claim Presented and Fee Not Previously Paid					+140 =	\$0	+280 =	\$0
* If the entry in Col. 1 is less than the entry in Col. 3, type "0" in Col. 4.					TOTAL:	\$0	TOTAL:	\$0

** If the "Highest Number Previously Paid For" in this space is less than 20, type "20" in this space.

[] No additional fee is required.

[✓] Our Check No. 2432 in the amount of \$465.00 for a one-month extension of time is enclosed.[✓] Also enclosed is/are: 1) Petition for Extension of Time (3 months) and 2) Return Receipt Postcard.

[] Please charge the above-calculated fee in the amount of \$_____ to Deposit Account No. 50-2319, referencing Order No. _____.

[✓] Please charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 50-2319, referencing Order No. A-68392-2/RMS/DCF; 469249-92.

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Respectfully submitted,

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Attorney for Applicant(s)

Filed under 37 C.F.R. §1.34(a)